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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

To:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/621,715
Filing Date	07/24/2000
First Named Inventor	Hadi Partovi
Art Unit	2645
Examiner Name	Olisa Anwah
Attorney Docket Number	TSL-Z-005

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

The reasons for this request are: This matter has been transferred to a new firm at the client's request.

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

Firm or Individual Name	Edward J. Russavage				
Address	Lowrie, Lando & Anastasi, LLP				
Address	Riverfront Office Park, One Main Street – 11 th Floor				
City	Cambridge	State	MA	Zip	02142
Country	US				
Telephone	(617) 395-7000	Fax	(617) 395-7070		

This request is made on behalf of myself and

- ☐ all the attorneys/agents for record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 24488

This request is enclosed in **triplicate** (including any attachments).

Jeanette S. Harms Date September 1, 2005

Name

Signature

Registration No. 35,537

Note: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.